

**National Archives & Records Administration - RACO 2004**

**CREDIT CARD AUTHORIZATION**

**DATE OF EVENT: 5/11/2004**

Complete all sections. Incomplete forms will be returned unprocessed.

**PLEASE FAX THIS FORM TO: MS. ALLEGRA GREEN AT 202-312-1310**

**Exhibitor Name:**

**Booth #:**

**Amount Due:**

**PLEASE CHOOSE ONE**

☐ For Deposit Only

Please fill in amount of deposit \$ \_\_\_\_\_

☐ Full Payment of this event to the  
credit card noted below

(Must be returned with a completed credit application)

**COMPANY NAME & ADDRESS**

\_\_\_\_\_  
CONTACT: \_\_\_\_\_

\_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

\_\_\_\_\_  
FAX: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

(Attach a legible photocopy of front and back of card or imprint)

We accept Visa, MasterCard, American Express and Discover

ACCOUNT# \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

CARDHOLDER \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

I hereby authorize the International Trade Center to apply appropriate charges for event services to this credit card.

**COMPANY AUTHORIZATION**

\_\_\_\_\_  
Signature of Client Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

~~~~~  
For ITC use only:

Manager: \_\_\_\_\_ Date submitted \_\_\_\_\_ Credit Dept. OK: \_\_\_\_\_

Estimated Sales Value: Food/Beverage \$ \_\_\_\_\_ Room Rental: \$ \_\_\_\_\_ A/V: \$ \_\_\_\_\_

Deposit Previously Received: \$ \_\_\_\_\_ CC Authorization # \_\_\_\_\_ Date: \_\_\_\_\_

C/L Account # \_\_\_\_\_